



A Public Service Agency

## APPLICATION FOR REPLACEMENT PLATES, STICKERS, DOCUMENTS

Complete all sections of this form and submit it by mail or to the nearest Department of Motor Vehicles office.

**NOTE:** There is a fee to replace most items.

### DMV USE ONLY

CA DL/ID NUMBER

CA DL/ID NUMBER (IF RDFS)

OL NUMBER

NUMBER OF PLATES TAKEN UP

OFFICE      DATE      ID #      TECHS INITIALS

VEHICLE LICENSE PLATE/CF NUMBER      VEHICLE ID NUMBER/HULL ID NUMBER

MAKE

DISABLED PERSON PLACARD NUMBER      BIRTH DATE, IF DP PLACARD

### SECTION A

PRINTED  
NAME(S) OF  
REGISTERED  
OWNER OF  
RECORD

TRUE FULL NAME (LAST, FIRST, MIDDLE)

DRIVER LICENSE/ID CARD NUMBER

TRUE FULL NAME (LAST, FIRST, MIDDLE)

DRIVER LICENSE/ID CARD NUMBER

RESIDENCE OR BUSINESS ADDRESS

APT/SPACE NUMBER

CITY

STATE

ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

APT/SPACE NUMBER

CITY

STATE

ZIP CODE

### SECTION B

PLATES  
STICKERS  
DOCUMENTS  
REQUEST

I am requesting replacement of *(Check appropriate box(es):*

☐ License Plates

☐ Disabled Person Placard

☐ Disabled Person ID Card

☐ License Sticker

☐ Vessel Sticker

☐ Registration Card

☐ Vessel Certificate of Number

### SECTION C

PLATES  
STICKERS  
DOCUMENTS  
INFORMATION

**NOTE:** If your address is different from that which appears in the records of the department, you must appear in person at the nearest Department of Motor Vehicles office to complete an application for replacement license plates.

The item requested was:

*(Check appropriate box(es))*

*(Check appropriate box(es))*

☐ Lost

☐ One license plate was lost or stolen. The remaining plate **must be** surrendered to DMV.

☐ Stolen

☐ Two license plates were lost or stolen. Was it reported to the police or sheriff's department? ☐ Yes ☐ No

Complete the following information.

LAW ENFORCEMENT AGENCY

CASE NUMBER

DATE REPORTED

You may be required to provide copy of the police report, if one or two plates were stolen.

☐ Destroyed/Mutilated

Any remnants (remains) of the mutilated or destroyed plate **must be** surrendered to DMV.

☐ Surrendered to DMV

Number of plates surrendered ☐ One ☐ Two

☐ ELP Retained by Owner

Personalized license plates were retained by the owner.

☐ Not Received

Please allow 30 days before reapplying.

☐ Per CVC 4467

Number of plates surrendered ☐ One ☐ Two

### SECTION D

CERTIFICATION

The registered owner mailing address is valid, existing, and an accurate mailing address. I consent to receive service of process at this mailing address pursuant to Vehicle Code Section 1808.21, Code of Civil Procedure Sections 415.21, subdivision (b), 415.30, subdivision (a), and 416.90. ***I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This document***

***is executed in*** \_\_\_\_\_ ***, California on*** \_\_\_\_\_ ***DATE***

PRINTED NAME

DAYTIME TELEPHONE NUMBER

(      )

SIGNATURE OF REGISTERED OWNER

DATE